Auburn City Recreation Sign-ups



T-BALL



	000000000000000000000000000000000000000	***************************************
CHILD'S NAME:		
BIRTHDATE:		
ADDRESS:		
PARENT/ GUARD	PIAN:	
HOME #:	WORK#:	
CHILD'S NAME: BIRTHDATE: ADDRESS: PARENT/ GUARD HOME #: Email:	WORK#: Cell #:	Text: 🗆
X	YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	**************************************
Ages	: 5-6 as of Aug. 1 this s	eason
(Circle one)	Shirt size: Youth or Adul	t-SML
	Coach	<u>:</u>
y child has permission to pa ood physical condition ar articipation. I agree to abid armless the Auburn Youth A	articipate in the program industrial has no health problem in the by all rules of the Auburn Activities in the event of injustrial distribution in the event of injustrial health injustrial health in the event of injustrial health inju	FOR SCHEDULING dicated on this form. He/She is it is
ignature of Parent/Guar	dian:	DATE:
oort, with a maximum fee	e of \$100.00 per family.	tration fee of \$25.00 per child-pe Please make checks payable t information, contact one of th
HECK#:	AMOUNT PAID:	
☐ Baseball () ☐ Coach Pitch Family Total Sports = ()		Swim Team (